



APPLICATION FOR IMMEDIATE RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM

See Privacy Act
Information on
Instruction Sheet

Section A - Identifying Information

| | | | |
|---|---|---------------------------------------|---------------------------|
| 1. Name (Last, first, middle) | | 2. List all other names you have used | |
| 3. Address (Number, street, city, State, ZIP Code) | 4. Telephone number (incl. area code) | 5. Date of birth (Month, day, year) | 6. Social Security Number |
| 7. Are you a citizen of the United States of America? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. Is this an application for disability retirement? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Ask your employing office about other documents you must submit) | | |

Section B - Federal Service

| | | | |
|---|--|--|--|
| 1. Department or agency from which you are retiring (including Bureau or Division, address and ZIP Code) | | 2. Date of final separation (Month, day, year) | |
| | | 3. Title of position from which you are retiring | |
| 4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Complete Schedule A and attach to this form.) | |
| 5. Are you receiving or have you applied for military retired pay, including disability pay and/or pension or compensation from the Department of Veterans Affairs (formerly the Veterans Administration) in lieu of military retired pay? Note: If you later become entitled to military pay, you must notify OPM. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Complete Schedule B and attach to this form.) | |

Section C - Marital Information

| | | | |
|---|---|---|----------------------------------|
| 1. Are you married now? (A marriage exists until ended by death, divorce, or annulment.) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Also complete items 1a - 1f below) | |
| 1a. Spouse's name (last, first, middle) | | 1b. Spouse's date of birth (Month, day, year) | 1c. Spouse's Social Security No. |
| 1d. Place of marriage (city, state) | 1e. Date of Marriage (Month, day, year) | 1f. Marriage performed by: <input type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (explain): | |
| 2. Do you have a living former spouse(s) from whom you were divorced on or after May 7, 1985, and to whom a court order gives a survivor annuity? | | <input type="checkbox"/> Yes (Attach a certified copy of the court order(s) and any amendments.) <input type="checkbox"/> No | |

Section D - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the information pages of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the instructions. If you

are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. You must attach SF 2801-2 to this form if you elect less than the maximum survivor annuity for your spouse.

| | | | |
|--|---------------------|--|------------------------|
| 1a. I CHOOSE A REDUCED ANNUITY WITH MAXIMUM SURVIVOR ANNUITY FOR MY SPOUSE (EQUAL TO 55% OF MY BASIC ANNUITY.) If you are married at retirement, you will automatically receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. | -OR- | 1b. I CHOOSE A REDUCED ANNUITY WITH A PARTIAL SURVIVOR ANNUITY FOR MY SPOUSE EQUAL TO 55% OF \$ _____ A YEAR.* If you choose this option, you must attach SF 2801-2 showing your spouse's consent. | |
| INITIALS | | INITIALS | |
| | | | |
| * The amount you select must be less than your yearly annuity. | | | |
| 2. I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. (If you are married and elect this, attach SF 2801-2 showing your spouse's consent.) If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election. | | | |
| INITIALS | | | |
| | | | |
| 3. I CHOOSE A REDUCED ANNUITY TO PROVIDE A FORMER SPOUSE OR COMBINATION CURRENT/FORMER SPOUSE SURVIVOR ANNUITY. The attached SF 2801-3 gives my election. If you are married and elect this option, you must also attach SF 2801-2 showing your spouse's consent. | | | |
| INITIALS | | | |
| | | | |
| 4. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and name your spouse, you must attach SF 2801-2 showing your spouse's consent. (See the information page in the instructions.) | | | |
| INITIALS | | | |
| | | | |
| Name of person with insurable interest | Relationship to you | Date of birth | Social Security Number |

Section E - Insurance Information

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| See the information in the instructions (Section E, page 7) about the requirements for continuing Federal Employees Health Benefits and Federal Employees Group Life Insurance as a retiree. | |
| 1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section F - Other Claim Information

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| 1. Are you receiving, have you ever received, or have you applied for workers' compensation from the Department of Labor because of a job-related illness or injury? | <input type="checkbox"/> Yes (Complete Schedule C and attach to this form.) <input type="checkbox"/> No |
| 2. Have you previously filed any application under the Civil Service Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)? | <input type="checkbox"/> Yes (Complete items 2a and 2b below.) <input type="checkbox"/> No |
| 2a. Type of application <input type="checkbox"/> Retirement <input type="checkbox"/> Refund <input type="checkbox"/> Deposit or Redeposit <input type="checkbox"/> Voluntary Contributions | 2b. Claim number(s) |

Section G (Optional) - Information About Your Unmarried Dependent Children

| 1. Dependent child's name (First, middle, last) | 2. Date of birth (Mo., dy., yr.) | 3. Disabled (X) | 1. Dependent child's name (First, middle, last) | 2. Date of birth (Mo., dy., yr.) | 3. Disabled (X) |
|--|-------------------------------------|--------------------|--|-------------------------------------|--------------------|
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Section H - Applicant's Certification

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| WARNING Any intentional false statement in this application or misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001) | I hereby certify that all statements made in this application are true to the best of my knowledge and belief. I have read and understand all the information provided in the instructions to this application. | |
| | Signature (Do not print) | Date |

Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management. **IMPORTANT: The final processing of your application for retirement may be delayed if you fail to submit any forms or schedules which apply to you.**

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. If you answered "yes" to Section B, Item 4, did you attach Schedule A? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you answered "yes" to Section B, Item 5, did you attach Schedule B? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you completed Schedule B and answered "yes" to Item e, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgment or approval of your request for waiver (if available)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you are married and you elect either less than full survivor benefits (Election 1b) or an annuity payable only to you during your lifetime (Election 2), did you attach SF 2801-2, Spouse's Consent to Survivor Election? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you elected a former spouse or combination current/former spouse annuity (Election 3), did you attach SF 2801-3, Election of Former Spouse Survivor Annuity or Combination Current/Former Spouse Annuity? If you are married, did you also attach SF 2801-2, Spouse's Consent to Survivor Election? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If you are married and you elected an insurable interest survivor annuity (Election 4) for your spouse instead of a maximum or partial survivor annuity, did you attach SF 2801-2, Spouse's Consent Survivor Election? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If you answered "yes" to Section E, Item 2, did you attach SF 2818, Continuation of Life Insurance Coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If you answered "yes" to Section F, Item 1, did you attach Schedule C? If applying for disability retirement, did you also attach all medical evidence submitted to OWCP and any decision or evaluation received from OWCP, if available? | <input type="checkbox"/> | <input type="checkbox"/> |

SF 2801 - Schedules A, B and C

| | | |
|-------------------------------|-------------------------------------|---------------------------|
| 1. Name (Last, first, middle) | 2. Date of birth (Month, day, year) | 3. Social Security Number |
|-------------------------------|-------------------------------------|---------------------------|

Schedule A - Military Service Information

1. If you have performed active honorable service in the Armed Forces, or other uniformed services shown below, complete 1a - 1f below and attach a copy of your discharge certificate or other certificate of active military service (if available). See instructions for definitions of Armed Services and Uniformed services.

| a. Branch or Service | b. Serial Number | c. Dates of Active Duty | | d. Last Grade or Rank | e. Organization at Discharge (Div., Co., etc.) |
|----------------------|------------------|-------------------------|--------------------|-----------------------|--|
| | | From (Mo., dy., yr.) | To (Mo., dy., yr.) | | |
| | | | | | |
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| | | | | | |

f. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency before separation. You cannot pay OPM after you retire.) See Section B of the instructions for the effect on your annuity if the deposit is not paid.

☐ Yes
☐ No
☐ Not Applicable

Schedule B - Military Retired Pay

1. If you are receiving or have applied for military retired or retainer pay (including disability retired pay), complete parts 1a - 1e below.

| | | | |
|--|---|--|---|
| a. Are you receiving or have you ever applied for military retired pay or retainer pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war? (If "yes", attach a copy of the notice of award, if available.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have you waived all or part of your military retired or retainer pay in order to receive pension or compensation from the Department of Veterans Affairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Are you waiving your military retired or retainer pay in order to receive credit for military service for Civil Service retirement benefits? (If "yes", attach a copy of your request for waiver and a copy of the military finance officer's acknowledgement or approval of your request for | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10? (If "yes", attach a copy of the notice of award, if available.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Schedule C - Federal Employees Compensation Information

1. Are you receiving or have ever received worker's compensation from the Office of Worker's Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury?

☐ Yes → (Complete parts 1a - 1c below)
☐ No → (Go to question 2)

| a. Compensation Claim Number | b. Benefits Received | | c. Type of Benefit |
|------------------------------|----------------------|-------------------|---|
| | From (Mo., day, yr) | To (Mo., day, yr) | |
| | | | <input type="checkbox"/> Scheduled Award <input type="checkbox"/> Total or partial disability compensation |
| | | | <input type="checkbox"/> Scheduled Award <input type="checkbox"/> Total or partial disability compensation |

2. If you have applied for worker's compensation (other than as listed in 1a above) but are NOT receiving benefits, check reason and give the information requested.

| | | |
|---------------------------|---------------------------|-------------------|
| Compensation Claim Number | Compensation Claim Number | Date Claim Denied |
| | | |

3. Except for periods of scheduled compensation awards, workers' compensation and Civil Service retirement benefits **cannot** be paid for the same period of time. Please review and complete the information below regarding your claim. **This section must be completed.**

a. Do you agree to notify OPM promptly if the status of your workers' compensation claim changes?

☐ Yes
☐ No

b. By my signature below, I certify that I understand that I may not legally receive both retirement annuity and Compensation (except for a scheduled award) for the same period of time and that any overpayment of Compensation or annuity is subject to collection by OPM or OWCP.

Applicant's Certification

| | | |
|--|--------------------------|------|
| I certify that all statements made on these schedules are true to the best of my knowledge and belief. | Signature (Do not print) | Date |
| | | |